

**ecology and environment, inc.**

223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: October 7, 1980

TO: W. Goode

FROM: Jerome D. Oskvarek, April Richards and Ann Weaver

SUBJECT: Ohio/TDD# F5-8009-5, #47 (Pits, Pond, Lagoons)
Allied Chemical Corporation/Garfield Heights

On October 2, 1980, the authors conducted an on site inspection of the subject site. The plant produces aluminium sulfate from clay and sulfuric acid. The sulfuric acid tanks and unloading area are diked. No waste water leaves plant premises evaporated in on site lagoon. Waste solid from plant is spread in lagoon, some of the solid waste is inert. The site has let lapse NPDES permit since it no longer discharges. The apparent seriousness of situation is none to very low and no further action is required.

JDO,AR,AW/ct

US EPA RECORDS CENTER REGION 5



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Q4000422/586



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11/3/80 - No further action needed. H.S.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION SITE NUMBER (to be assigned by Hq)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME
ALLIED CHEMICAL CORP

B. STREET (or other identifier)
5000 WARREN ROAD

C. CITY
GARFIELD HTS

D. STATE
OHIO

E. ZIP CODE
44125

F. COUNTY NAME
CUYAHOGA

G. SITE OPERATOR INFORMATION

1. NAME
ALLIED CHEMICAL CORP

2. TELEPHONE NUMBER

3. STREET
5000 WARREN ROAD

4. CITY
GARFIELD HTS

5. STATE
OHIO

6. ZIP CODE
44125

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME

2. TELEPHONE NUMBER

3. CITY

4. STATE

5. ZIP CODE

I. SITE DESCRIPTION

PRODUCE ALUMINUM SULFATE, SETTLING POND

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

EVERY LAST & NONE

C. PREPARER INFORMATION

1. NAME
J. D. OSKVARER

2. TELEPHONE NUMBER
312-663-9415

3. DATE (mo., day, & yr.)
October 6, 1990

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME
J. D. OSKVARER

2. TITLE
SOIL CHEMIST, TEAM LEADER

3. ORGANIZATION
ECOLGY AND ENVIRONMENT INC

4. TELEPHONE NO. (area code & no.)
312-545-6016

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<u>ANN WEAVER</u>	<u>ECOLGY AND ENVIRONMENT INC</u>	<u>312-545-6016</u>
<u>APRIL RICHARDS</u>	<u>"</u>	<u>"</u>

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Sammy Gennis		Warner Road - took some of the residue for landfill material

G. DATE OF INSPECTION (mo., day, & yr.) 10-2-80 H. TIME OF INSPECTION 1400 I. ACCESS GAINED BY: (credentials must be shown in all cases)

J. WEATHER (describe)



1. PERMISSION



2. WARRANT

Clear 60'S

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

FILE

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

SKETCH

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☒ 2. YES (specify generator's four-digit SIC Code):

2819 Aluminan Refractory

C. AREA OF SITE (in acres)

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

Plant

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE

☐ 2. INCINERATION

☐ 3. LANDFILL

☒ 4. SURFACE IMPOUNDMENT

☐ 5. DEEP WELL

☐ 6. CHEM./BIO/PHYS TREATMENT

☐ 7. LANDFARM

☐ 8. OPEN DUMP

☐ 9. TRANSPORTER

☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID

☐ 2. SOLID

☒ 3. SLUDGE

☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE

☐ 2. IGNITABLE

☐ 3. RADIOACTIVE

☐ 4. HIGHLY VOLATILE

☐ 5. TOXIC

☐ 6. REACTIVE

☒ 7. INERT

☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (*specify unit of measure*) of waste by category; mark 'X' to indicate which wastes are present.

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

[illegible]

VII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☒ L. CONTAMINATION OF SOIL

ONLY IF SULFURIC ACID BREACHES REINFORCED CONCRETE DIKES

☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☒ U. OTHER (specify):

COMMENTS: - ALL WASTE MATERIAL LEAVES PLANT,
 - DRAINAGE WATER SENT TO LAGOON ON SITE
 - NPDES PERMIT LAPSED SINCE THEY SEND
 ALL WASTE WATER TO LAGOON

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		

X. WATER AND HYDROLOGICAL DATA (continued)**H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER(specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND				
X	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)**G. RECHARGE AREA**☐ 1. YES☐ 2. NO

3. COMMENTS:

H. DISCHARGE AREA☐ 1. YES☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS
☐ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT (Supplemental Report)		INSTRUCTION Answer and Explain as Necessary.
1. TYPE OF IMPOUNDMENT <i>large pile of alum waste stream deposits solids in pond</i>		
2. STABILITY/CONDITION OF EMBANKMENTS <i>very soft material combination of bauxite & silicate</i>		
3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>edges move easily as sand</i>		
4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. IMPOUNDMENT HAS LINER SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7a. INTEGRITY OF LINER SYSTEM CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>has none</i>	
7b. FINDINGS <i>solids settle out of liquid pond fills in and materials is reused</i>		
8. SOIL STRUCTURE AND SUBSTRUCTURE		
9. MONITORING WELLS <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. LENGTH, WIDTH, AND DEPTH LENGTH WIDTH DEPTH <i>varies as material settles</i>		
11. CALCULATED VOLUMETRIC CAPACITY		
12. PERCENT OF CAPACITY REMAINING <i>1/2</i>		
13. ESTIMATE FREEBOARD <i>20 ft +</i>		
14. SOLIDS DEPOSIT ON <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
15. DREDGING DISPOSAL METHOD		
16. OTHER EQUIPMENT		

1, 2
OFFICE

PARKING

WORK PARTY
ENTERED

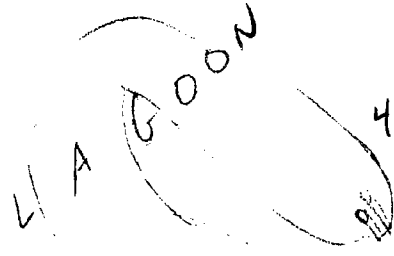
↓
Main

Gate

Secondary
burn

3

5



10-2-80
ALLIED
CHEMICAL

Dock



6

ROAD

TRCE LINE

STREAM

13

12

Gate Gate

RR

LAND FILL